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PTO/SB/47 (03-09)

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For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

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OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
6,874,025	09/746,932

Completed by (check one):

☐ Applicant/Inventor

/Crystal D. Sayles /

Signature

☒ Attorney or Agent of record 44,318
(Reg. No.)

Crystal D. Sayles

Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

202-588-1959

Requester's telephone number

☐ Assignee recorded at Reel _____ Frame _____

December 09, 2011

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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